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MCDERMOTT, WILL & EMERY
4370 La Jolla Village Drive, Seventh Floor
San Diego, CA 92122-1252

Telephone No. (858) 535-9001
Facsimile No. (858) 535-8949

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Examiner: P. Gambel Group: 1644	U.S. Patent and Trademark Office	703-746-5293

FROM: Astrid R. Spain **Direct Phone:** 858-535-9001
Registration No.: 47,956
Sent By: Carrie Hines
Client/Matter/Tkpr: 66654-069(P-LA 1245) **Originals Follow by Mail:** NO
Number of Pages, Including Cover: 10

Re: United States Patent Application No.: 08/349,479

Filed: December 2, 1994

Inventor: Border and Ruoslahti

Entitled: INHIBITING TRANSFORMING GROWTH FACTOR β TO PREVENT ACCUMULATION OF
EXTRACELLULAR MATRIX

SPECIAL INSTRUCTIONS:

Transmitted herewith are the following **OFFICIAL** documents:

- 1) Supplemental Amendment Pursuant to 37CFR 1.196(b)(1) : (5 pages)
- 2) Transmittal Form 1083 (in duplicate): (4 pages)

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these 10 pages are being
facsimile transmitted to the Patent and Trademark Office
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Carrie Hines
Name (printed)

Carrie Hines
Signature

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AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66654-069 (P-LA 1245)
SERIAL NO: 08/349,479	FILING DATE: 12/2/1994	EXAMINER: P. Gambel	GROUP ART UNIT: 1644 CONFIRMATION NO.: 6468
INVENTION: INHIBITING TRANSFORMING GROWTH FACTOR β TO PREVENT ACCUMULATION OF EXTRACELLULAR MATRIX			

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Carrie Hines August 12, 2003
SIGNATURE DATE

Transmitted herewith is a Supplemental Amendment Pursuant to
37 C.F.R. § 1.196 (b)(1) in the above-identified application.

- ☒ Small Entity status of this application has been
established under 37 CFR 1.27.
- ☐ Petition for Extension of Time is enclosed (in
duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is
enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been
calculated as shown below:

Inventors: Border and Ruoslahti
 Serial No.: 08/349,479
 Filed: December 2, 1994
 Page 2

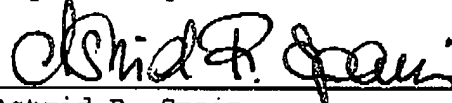
CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	.	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE		
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	2	-	20	-	0	x	\$9	\$18	=	\$0.00	\$
INDEPE N- DENT CLAIMS	2	-	4	-	0	x	\$42	\$84	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		_____YES		_____XX_____NO			\$140	\$280	=	\$0.00	\$
							TOTAL ADDITIONAL FEE			\$0.00	\$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

____ Please charge my Deposit Account No. 502624 the amount of \$____, \$____ of which covers the fee for a ____-month extension of time. A duplicate copy of this sheet is enclosed.
X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Astrid R. Spain
 Registration No. 47,956
 MCDERMOTT, WILL & EMERY
 4370 La Jolla Village Drive, 7th Floor
 San Diego, California 92122
 858-535-9001